



OFFICE OF THE
BOARD OF SELECTMEN
TOWN OF MAYNARD
MUNICIPAL BUILDING
195 MAIN STREET
MAYNARD, MASSACHUSETTS 01754
Tel: 978-897-1001 Fax: 978-897-8457

Date: _____

Application for Taxicab License.

To the Board of Selectmen:

The undersigned hereby applies for a license in accordance with the Town of Maynard Taxicab rules and regulations to drive a taxi within the Town of Maynard.

Driver: _____

Name and Address

Operator's License Number: _____

Social Security # : _____

Date: _____

Place of Birth: _____

Date of Birth: _____

Mothers Maiden Name: _____

Fathers Name: _____

Motor Vehicle Violations in the past year:

<u>Date</u>	<u>Place</u>	<u>Offense</u>
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Two (2) pictures 2 1/2" x 2 1/2" must be filed with this application.

Signature of Applicant

Current Address

Phone Number